"FEE ADDRESS" INDICATION FORM		
Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	- OR	Fax to: 571-273-6500
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (freerafer, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (WREP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1,385 the address associated with		
X Customer Number:	25096	
OR The attached Request for Customer Number (PTO/SB/125) form.		
	NUMBER	APPLICATION NUMBER
7,099,328	0	19/919,283 Confirmation # 2490
Completed by (check one): Applicant/Inventor		Signature
X Attorney or Agent of rec	(Reg. No.)	Steven D. Lawrenz Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		(206) 359-8000 Requester's telephone number
Assignee recorded at Re-	Frame	_ June 10, 200°1

NOTE: Signatures of all the inventors or assignees of record of the entire interest by their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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forms are submitted.

X *Total of